Consumer Name		Event Date	

16. MEDICATION ERROR CATEGORY *(Check all that apply)*

- ☐ **Failure to Administer**
- ☐ **Medication not Available**
- ☐ **No Physician Order**
- ☐ **Wrong Dose**
- ☐ **Wrong Form**
- ☐ **Wrong Medication**
- ☐ **Wrong Person**
- ☐ **Wrong Route**
- ☐ **Wrong Time**

17. MEDICATION ERROR SEVERITY RATING

- ☐ **Minimal:** No treatment or intervention other than monitoring or observation. **Notification and written report to Regional Center within five (5) working Days of incident.**
- ☐ **Moderate:** Treatment and/or interventions in addition to monitoring or observation
- ☐ **Serious:** Life Threatening and/or permanent adverse consequences

18. EVENT/INCIDENT TYPE (Select incident that occurred)

- ☐ Choking
- ☐ Consumer Rights
- ☐ Consumer Struck Object
- ☐ Elopement/Unauthorized absence
- ☐ Fall
- ☐ Fire
- ☐ Inappropriate language by Staff toward consumer
- ☐ Ingestion of non-food item
- ☐ Medical Emergency
- ☐ Misuse of consumer funds/property
- ☐ Physical altercation-consumer & non-staff
- ☐ Physical altercation-consumer & consumer
- ☐ Physical altercation-consumer & staff
- ☐ Possession of weapon
- ☐ Property loss/destruction
- ☐ Sexual Conduct-consumer non-consensual
- ☐ Sexual Conduct-consumer & staff
- ☐ Suicide Attempt
- ☐ Theft by Consumer
- ☐ Vehicular Accident
- ☐ Other:

Report the following incidents only if:

- *** unusual and not being addressed in the Personal Plan**
- *** there is an injury; or**
- *** there is an allegation/ suspicion of neglect**

- ☐ Consumer Self Harm
- ☐ Graphic Threat of Harm
- ☐ Seizures

19. DID THE EVENT RESULT IN

Check all that apply:

- ☐ Injury
- ☐ Use of Physical Restraint
- ☐ Administration of PRN
- ☐ Psychotropic Medication
- ☐ Hospitalization-Non-Injury
- ☐ Not Applicable

If Injury, complete 20, 21, 22, 23

20. INJURY TYPE ☐ Accident ☐ Consumer Inflicted ☐ Other Inflicted ☐ Self Inflicted ☐ Staff Inflicted ☐ Unknown

21. INJURY SEVERITY: ☐ No Treatment ☐ Minor First Aid ☐ Medical Intervention ☐ Hospitalization ☐ Death

Notification and written report to Regional Center within five (5) working days of incident.

22. INJURY DESCRIPTION *(CHECK ALL THAT APPLY)*

- ☐ Abrasion
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Complaint of pain
- ☐ Cut
- ☐ Concussion
- ☐ Dislocation
- ☐ Fracture/Break
- ☐ Frostbite
- ☐ Heat related illness
- ☐ Poisoning
- ☐ Puncture
- ☐ Scratches
- ☐ Strain/Sprain
- ☐ Swelling
- ☐ Other(specify)

23. INJURED BODY PARTS *(CHECK ALL THAT APPLY)*

- ☐ Head
- ☐ Face
- ☐ Eye
- ☐ Ear
- ☐ Nose
- ☐ Mouth
- ☐ Teeth
- ☐ Neck
- ☐ Shoulder
- ☐ Upper Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Chest
- ☐ Upper Back
- ☐ Lower Back
- ☐ Abdomen
- ☐ Waist
- ☐ Hip
- ☐ Genitals
- ☐ Buttock
- ☐ Thigh
- ☐ Knee
- ☐ Calf
- ☐ Shin
- ☐ Ankle
- ☐ Foot

FINGERS

- ☐ Thumb
- ☐ Index
- ☐ Middle
- ☐ Ring
- ☐ Little

TOES

- ☐ Big
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ Little

24. IMMEDIATE ACTION TAKEN BY AGENCY AND ACTION STEPS TO PREVENT REOCCURENCE (To be completed by agency management)

25. Signature-Reporter **Phone Number** **Date-** **Time-**

26. Signature-Agency management/Supervisor **Date-**

27. Signature-Service Coordinator **Date-**

29. ACTION/ COMMENTS (To be completed by DMH)

Suspicion or Allegation of Abuse, Neglect or Misuse of Consumer Funds/Property? ☐ **Yes** ☐ **No**

If YES, must be entered into iiTs within 24 hours

Suspected Manner of Death ☐ **ACCIDENT** ☐ **HOMICIDE** ☐ **NATURAL** ☐ **SUICIDE** ☐ **UNDETERMINED**